

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filled in by the funeral director. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12325

12320

## CERTIFICATE OF DEATH

Reg. Dist. No.

367

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural-Pocomoke City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X/Rural-Pocomoke City</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>F.</u> Last <u>CARTER</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>19</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 7, 1877</u>
9. AGE (In years last birthday) <u>80</u> yrs.		IF UNDER 1 YEAR: Months <u>19</u> Days <u>19</u> Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Carter</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Brittingham</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>O. Cleve Carter, Pocomoke City, Maryland</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Chronic Heart Disease, Atherosclerotic</u> DUE TO (c) <u>years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>True Minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour <u>a. p.</u> 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May</u> , 19 <u>36</u> , to <u>Nov. 19</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Nov. 19, 1957</u> , and that death occurred at <u>10 p.m.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Charles W. Trader</u> M.D.		ADDRESS (Street, city or town, state) DATE SIGNED <u>302 Market St., Pocomoke, Md.</u> <u>11-20-57</u>	
PHYSICIAN'S NAME (Type) <u>Charles W. Trader, M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>11-23-57</u>	
22c. NAME OF CEMETERY <u>Balem Methodist</u>		22d. LOCATION (City, town, or county) (State) <u>Pocomoke City, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Henry A. Watson</u>		ADDRESS <u>Pocomoke, Md.</u>	
24a. REC'D BY REGISTRAR <u>NOV 25 1957</u>		24b. REGISTRAR'S SIGNATURE <u>Mrs. Beville Bryson</u>	

NOV 25 1957

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12321

## CERTIFICATE OF DEATH

Reg. Dist. No.

13583

265

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Ewell</b>				c. LENGTH OF STAY IN 1b <b>Lifetime</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Smith Island</b>				d. STREET ADDRESS <b>Smith Island</b>			
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>ROSS</b> Last <b>EVANS</b>				4. DATE OF DEATH Month <b>November</b> Day <b>20</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 14, 1881</b>	
9. AGE (In years last birthday) <b>76</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waterman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Crabs &amp; Oysters</b>		11. BIRTHPLACE (State or foreign country) <b>Smith Island, Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>							
13. FATHER'S NAME <b>Fillmore Evans</b>				14. MOTHER'S MAIDEN NAME <b>Mary Evans</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT <b>Harry R. Evans--Ewell, Smith Island, Md.</b>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory failure</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>inanition</b> DUE TO (c) <b>Diabetes mellitus</b> INTERVAL BETWEEN ONSET AND DEATH <b>0</b> <b>2-3 mo.</b> <b>10 yrs</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month. Day, Year Hour a. m. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>November 1956</b> , to <b>Nov. 20, 1957</b> , that I last saw the deceased alive on <b>Nov 20, 1957</b> , and that death occurred at <b>3:15P</b> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Ewell, Md.</b> DATE SIGNED <b>11/20/57</b>							
ACTUAL SIGNATURE <b>Barbara Hunt</b> M.D.				PHYSICIAN'S NAME (Type) <b>Dr. Barbara Hunt, M. D.</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>				22b. DATE THEREOF <b>Nov. 24, 1957</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Tylerton Cemetery</b>	
22d. LOCATION (City, town, or county) <b>Tylerton, Md.</b>				(State)			
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons--Grisfield, Md.</b>				ADDRESS		24a. REC'D BY REGISTRAR DATE <b>12/5/57</b>	
24b. REGISTRAR'S SIGNATURE <b>Barbara S. Adams</b>							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Date of Death November 20, 1957		Place of Death Baltimore, Md.	
Name of Deceased Mary Evans		Name of Informant Mary Evans	
Sex Female		Race White	
Age 76		Date of Birth April 14, 1881	
Usual Residence U S A		Place of Birth Wales	
Cause of Death Gravid & Obstetric		Place of Birth Wales	
Date of Death November 20, 1957		Date of Death November 20, 1957	
Name of Deceased Mary Evans		Name of Informant Mary Evans	
Sex Female		Race White	
Age 76		Date of Birth April 14, 1881	
Usual Residence U S A		Place of Birth Wales	
Cause of Death Gravid & Obstetric		Place of Birth Wales	

3:15P

BUREAU V. S.

Baltimore, Md., Dec 19 1957

RECEIVED

Tyler, Md.

Nov. 24, 1957 Tyler Cemetery

Serial

Proctor & Sons - Baltimore, Md.

Dr. Barbara Hunt, M. D.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, and es 1 and 2 should be filed with registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12322

## CERTIFICATE OF DEATH

13586

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>				c. LENGTH OF STAY IN Tb <b>Lifetime</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>McCready Hospital</b>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>EFFIE</b> Middle <b>REBECCA</b> Last <b>GERALD</b>				4. DATE OF DEATH Month <b>November</b> Day <b>29</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 22, 1882</b>	
9. AGE (In years last birthday) <b>75</b> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Crisfield, Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13. FATHER'S NAME <b>N. Wesley Tawes</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Cox</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Miss Sally Sterling—Crisfield, Maryland</b>		18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO <b>adhesive pericarditis</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____				21. I certify that I attended the deceased from <b>Oct. 29, 1955</b> , to <b>Nov. 29, 1957</b> , that I last saw the deceased alive on <b>Nov. 29, 1957</b> , and that death occurred at <b>8:25 A.M.</b> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <b>Sarah M. Peyton</b> M.D. <b>33 W. Main Crisfield Md</b>				DATE SIGNED <b>Nov-30</b>			
PHYSICIAN'S NAME (Type) <b>Dr. Sarah M. Peyton, M. D.</b>				Main St.—Crisfield, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>Dec. 2, 1957</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Asbury Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons—Crisfield, Md.</b>				24a. REC'D BY REGISTRAR <b>12/5/57</b>		24b. REGISTRAR'S SIGNATURE <b>Barbara S. Hume</b>	



MASSACHUSETTS DEPARTMENT OF HEALTH—BOSTON OFFICE

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12318

## CERTIFICATE OF DEATH

13589  
Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>				c. LENGTH OF STAY IN 1b <b>39</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>715 Broadway</b>				e. STREET ADDRESS <b>715 Broadway</b>			
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>ANNIE</b> Middle <b>-</b> Last <b>LANE</b>				4. DATE OF DEATH Month <b>November</b> Day <b>28</b> Year <b>19 57</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>August 15, 1905</b>	
9. AGE (In years last birthday) <b>52</b> yrs.		IF UNDER 1 YEAR: Months <b>52</b> Days <b>28</b> Hours <b>19</b> Min. <b>57</b>		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seaford Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Seaford</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13. FATHER'S NAME <b>John Lane</b>				14. MOTHER'S MAIDEN NAME <b>Florence Jones</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-05-5033</b>		17. INFORMANT <b>Elsie Hall, 715 Broadway, Crisfield, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO <b>331x</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <b>Cerebral Thrombosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>years</b>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that I attended the deceased from <b>Nov. 22, 1957</b> , to <b>Nov. 28, 1957</b> , that I last saw the deceased alive on <b>Nov. 23, 1957</b> , and that death occurred at <b>4:15</b> P. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED <b>Nov. 30</b>							
ACTUAL SIGNATURE <b>Sarah M. Peyton</b> M.D. <b>Crisfield, Md.</b>				PHYSICIAN'S NAME (Type) <b>Sarah M. Peyton, M. D.</b> <b>Crisfield, Maryland</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>Nov. 30, 1957</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Lawsonia Cemetery</b>		22d. LOCATION (City, town, or county) <b>Crisfield, Md.</b> (State) _____	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons, Crisfield, Maryland</b> ADDRESS _____				24a. REC'D BY REGISTRAR <b>12/5/57</b> DATE _____		24b. REGISTRAR'S SIGNATURE <b>Barbara S. Wood</b>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, fill in by the funeral director. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. 3

DEC 16 1957

RECEIVED

George H. Lipton, N. B.

Nov. 30, 1957

Franklin & Sons, Chicago, Maryland

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE

1	2	3	4	5	6	7	8	9	10	11	12
Name of deceased			Sex			Age			Date of death		
Franklin & Sons, Chicago, Maryland			Male			35			November 28, 1957		
Place of death			Cause of death			Manner of death			Signature of physician		
Chicago, Illinois			Heart disease			Accident			[Signature]		
Place of birth			Date of birth			Place of residence			Signature of registrar		
Chicago, Illinois			August 15, 1922			Chicago, Illinois			[Signature]		
Name of informant			Address of informant			Relationship to deceased			Signature of informant		
John Jones			123 Main Street, Chicago, Ill.			Son			[Signature]		
Name of funeral home			Address of funeral home			Signature of funeral home			Date of burial		
[Name]			[Address]			[Signature]			[Date]		



12323

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Lifetime			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital			d. STREET ADDRESS 16 Columbia Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FLETCHER Middle ALTON Last McGRATH			4. DATE OF DEATH November 3, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1886	9. AGE (In years last birthday) 77 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Post Office Clerk		10b. KIND OF BUSINESS OR INDUSTRY Postal		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Thomas E. McGrath		
14. MOTHER'S MAIDEN NAME Harriet Somers			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		
16. SOCIAL SECURITY NO. None			17. INFORMANT Mrs. Elaine M. Walters, Crisfield, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralysis Agitans 350x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 4 yr -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 704.0 Fracture, neck rt femur -					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) Fall in home		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. Mar 16 1957		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home	
20f. (City or town) Crisfield		20g. (County) Somerset		20h. (State) Md.	
21. I certify that I attended the deceased from Nov 1946 to Mon 1957 that I last saw the deceased alive on Nov 3, 1957, and that death occurred at 12:30 P. M., from the causes and on the date stated above.					
ACTUAL SIGNATURE C. G. Rawley M.D.			DATE SIGNED 11/6/57		
PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.			Crisfield, Maryland		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11-6-57		22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	
22d. LOCATION (City, town, or county) Crisfield, Maryland		22e. (State)			
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland			24a. REC'D BY REGISTRAR DATE 11/7/57		24b. REGISTRAR'S SIGNATURE Barbara S. Hedden

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in by the funeral director, e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# CERTIFICATE OF DEATH

**RECEIVED**  
 NOV 12 1957  
 BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 1 day	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital		e. STREET ADDRESS Smith Island	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES EDWARD SNEADE		4. DATE OF DEATH Month November Day 7 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1875
9. AGE (In years last birthday) 82 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood	
11. BIRTHPLACE (State or foreign country) Smith Island, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Johnson Sneade		14. MOTHER'S MAIDEN NAME Emiline Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO	
17. INFORMANT Mrs. Bruce Evans--Ewell, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 592X Uremia could not get it fixed Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Chronic kidney disease many years (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) General atherosclerosis years			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Nov 1, 1957, to Jan 7, 1957, that I last saw the deceased alive on Nov 7, 1957, and that death occurred at 4:05 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE George C. Coulbourn		DATE SIGNED 11-8-57	
PHYSICIAN'S NAME (Type) George C. Coulbourn, M. D.		Marion Station, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Nov. 10, 1957	22c. NAME OF CEMETERY OR CREMATORY Ewell Cemetery	22d. LOCATION (City, town, or county) (State) Ewell, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		24a. REC'D BY REGISTRAR DATE 11/10/57	
		24b. REGISTRAR'S SIGNATURE Burton S. Adams	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ELIYAH V. S.

1937

1937

12325

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN Tb Lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 29 Crisfield	
		d. STREET ADDRESS 324 Pine St.	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGIA Middle ANN Last SOMERS		4. DATE OF DEATH Month November Day 5 Year 19 57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1885
9. AGE (In years last birthday) 72 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min	11. IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME George Landon		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO None	
17. INFORMANT Rupert R. Somers-324 Pine St.-Crisfield, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 19 days	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour e. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Oct 11, 1957, to Nov 5, 1957, that I last saw the deceased alive on Nov 5, 1957, and that death occurred at 1:45 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE C. G. Rawley		M.D. Crisfield, Md. DATE SIGNED 11/7/57	
PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.		Main St.--Crisfield, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Nov. 7, 1957	22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	22d. LOCATION (City, town, or county) (State) Crisfield, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		24a. REC'D BY REGISTRAR DATE 11/15/57 24b. REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with the funeral director. The funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



U.S. AIR FORCE

NOV - 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12326

CERTIFICATE OF DEATH

13597

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Somerset</b> b. COUNTY <b>Somerset</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Smith Island</b>				c. LENGTH OF STAY IN 1b <b>Lifetime</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Rhodes Point</b>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>LOYD</b> Middle <b>STENGLE</b> Last <b>TYLER, SR.</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>25</b> Year <b>19 57</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 25, 1878</b>	9. AGE (In years last birthday) <b>79</b> yrs.	IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b> Hours <b>11</b> Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Mdse.</b>		11. BIRTHPLACE (State or foreign country) <b>Smith Island, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Severn Tyler</b>				14. MOTHER'S MAIDEN NAME <b>Milcrah Mdse</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Olivia Tyler-Smith Island, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Angina Pectoris</b> <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Hypertension-coronary disease many years</b> DUE TO (c) <b>Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>0</b> <b>u 11</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>19 57</b> to <b>Nov.</b> , 1957, that I last saw the deceased alive on <b>Nov. 19</b> , 1957, and that death occurred at <b>7:30 A.M.</b> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Ewell, Md. Smith Island</b> DATE SIGNED <b>11/26, 1957</b>							
ACTUAL SIGNATURE <b>Barbara Hunt</b> M.D. <b>Ewell</b>				PHYSICIAN'S NAME (Type) <b>Dr. Barbara Hunt, M. D.</b> <b>Ewell-Smith Island, Maryland</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>Nov. 28, 1957</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Rhodes Point Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Rhodes Point, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bradshaw &amp; Sons-Crisfield, Maryland</b>				24a. REC'D BY REGISTRAR DATE <b>11/5/57</b>		24b. REGISTRAR'S SIGNATURE <b>Barbara J. Hunt</b>	

CERTIFICATE OF DEATH

Decedent: General  
Place of Birth: British Island  
Date of Birth: Nov. 22, 1872

Place of Death: British Island  
Cause of Death: Typhoid

Place of Burial: British Island  
Date of Burial: Nov. 22, 1957

Signature: General  
Date: Nov. 22, 1957

Sex: Male  
Race: White

Occupation: General  
Place of Residence: British Island, Maryland

Signature: General  
Date: Nov. 22, 1957

Signature: General  
Date: Nov. 22, 1957

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Signature: General  
Date: Nov. 22, 1957

Signature: General  
Date: Nov. 22, 1957

Signature: General  
Date: Nov. 22, 1957

Signature: General  
Date: Nov. 22, 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13600

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Somerset</b> b. COUNTY <b>Maryland</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>				c. LENGTH OF STAY IN 1b <b>14 years</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Broadway</b>				d. STREET ADDRESS <b>Deal Island</b>			
3. NAME OF DECEASED (Type or print) First <b>NETTIE</b> Middle <b>NORTHAM</b> Last <b>WHITE</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>25</b> Year <b>19 57</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 24, 1880</b>	9. AGE (In years last birthday) <b>77</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Deal Island, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>John Northam</b>				14. MOTHER'S MAIDEN NAME <b>Sarah E. Corbett</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. James G. Mister—Crisfield, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute dilatation of heart</b> DUE TO <b>420.1</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Coronary Thrombosis &amp;</b> DUE TO <b>Cardiac Decompensation.</b> (c)						INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b> <b>3 wks.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <b>Crisfield, Md.</b>	(County)	(State)		
21. I certify that I attended the deceased from <b>Nov 2, 1957</b> , to <b>Nov 25, 1957</b> , that I last saw the deceased alive on <b>Nov 25, 1957</b> , and that death occurred at <b>3:55 P.M.</b> from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>C. G. Rawley</b>			ADDRESS (Street, city or town, state) <b>Crisfield, Md.</b>		DATE SIGNED <b>11/27/57</b>		
PHYSICIAN'S NAME (Type) <b>Dr. C. G. Rawley, M. D.</b>			Main St.—Crisfield, Md.				
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>Nov. 27, 1957</b>	22c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	22d. LOCATION (City, town, or county) (State) <b>Deal Island, Md.</b>				
23. FUNERAL DIRECTOR'S SIGNATURE <b>Bradshaw &amp; Sons—Crisfield, Md.</b>			ADDRESS		24a. REC'D BY REGISTRAR DATE <b>12/5/57</b>	24b. REGISTRAR'S SIGNATURE <b>Richard L. Adams</b>	

# CERTIFICATE OF DEATH

State of Maryland

County of Baltimore

City of Baltimore

Death of

14 years

Colinfield

Brooklyn

WHITE

MARTIN

WETTER

Nov. 25

Nov. 24, 1930

2

White

Female

77

U S A

Death of, Maryland

At Home

Honorable

James H. Garrett

John Martin

Mrs. James O. Martin--Colinfield, Maryland

None

No

BUREAU V. S.

3:52P.

DEC 16 1937

Main St.--Colinfield, Md.

Dr. C. G. Sawyer, M. D.

St. John's Cemetery

Nov. 27, 1937

Burial

Interment in Home--Colinfield, Md.

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